



## Shooting Range Assumption of Risk and Participation Agreement

I, the participant named below, desire to visit and/or engage in other activities at Liberty University's shooting range (the "Range"). In consideration of being allowed to enter and/or use the Range, I hereby acknowledge and agree to the following:

**Assumption of Risk:** I UNDERSTAND THAT ENTERING A SHOOTING RANGE OR ENGAGING IN ACTIVITIES AT A SHOOTING RANGE ARE INHERENTLY DANGEROUS. I hereby expressly assume the risks of entering the Range and engaging in activities at the Range, including, but not limited to: archery, handgun, rifle, and shotgun shooting, including the firing of live ammunition, observing others discharging firearms, and any other use of or activity at the Range, including the land and buildings at the Range. I hereby acknowledge and understand the inherent hazards involved in shooting activities, both known and unanticipated, which could result in damage or destruction of my personal property and my physical or emotional injury, including the paralysis or death of me or other persons. The risks include, but are not limited to: potentially fatal injury from the use of firearms and/or archery equipment by me or by others; partial or total loss of eyesight or hearing; inhalation or other harmful contact with lead or other contaminants; being struck by flying or falling objects; slippery, loose or falling soil and rocks; unimproved, unmaintained, or uneven terrain, walkways, steps, and roads; and animal bites or stings. I hereby acknowledge that such hazards and risks cannot be eliminated without compromising the essential qualities of the Range, equipment, and environment.

**I HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS EXISTING AT THE RANGE AND IN ENTERING ONTO AND IN USING THE RANGE AND OTHER FACILITIES ON THE PREMISES OR EQUIPMENT PROVIDED BY LIBERTY UNIVERSITY AND IN ENGAGING IN OR OBSERVING SHOOTING OR OTHER ACTIVITIES AT THE RANGE.**

**Agreement to Follow Rules:** I acknowledge and agree that I have read and understand and at all times will abide by Range rules, safety rules, Liberty University's Weapons Policy, and any and all instructions of Range employees, whether communicated in writing, verbally, or posted at the Range.

**Background Check Authorization:** I hereby certify that the information I have provided below is true and accurate to the best of my knowledge. I hereby authorize the Liberty University Police Department to check my student/employee records and criminal background, as necessary, to determine whether I should be permitted to attend the LU handgun safety course. I understand that such permission can be granted, conditioned, revoked and denied at any time.

**Indemnity:** I hereby agree to indemnify and hold Liberty University harmless for any and all liability arising from my possession, storage, use, and misuse of any firearm upon the property of Liberty University.

**PARTICIPANT CONSENT (required of all participants, regardless of age)**

BY SIGNING BELOW, I AGREE THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND I HEREBY ASSUME THE RISKS STATED ABOVE, INTENDING TO BIND MY SUCCESSORS, HEIRS, AND PERSONAL REPRESENTATIVES.

Signature of Participant:		Date:
Name of Participant (Print):	Age:	Date of Birth:
Address:		

**PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)**

I agree I have carefully read and understand this agreement, I agree to all of the terms above, both personally and on behalf of the minor participant, and I hereby assume the risk that the minor participant may be injured while at the Range. I further promise to take reasonable steps to ensure the minor's compliance with the terms of this agreement.

Signature of Parent / Legal Guardian:		Date:
Name of Parent / Legal Guardian (Print):		
LUPD Witness (Print):	LUPD Witness (Signature):	Date:

## ***Range Safety Class***

Full Name (Print):			LU I.D. Number:
Social Security Number:	Date of Birth:	Gender:	Race:

### **Contact Information**

Address:	
Phone Number (Primary):	Phone Number (Secondary):
E-Mail Address (Primary):	E-Mail Address (Secondary):

### **Emergency Contact Information**

Name (Print):	Relation (Print):
Address:	
Phone Number (Primary):	Phone Number (Secondary):
E-Mail Address (Primary):	E-Mail Address (Secondary):